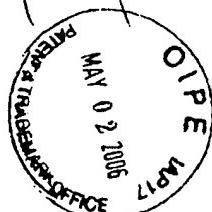


16/17

The stamp of the P.T.O. acknowledges receipt of:

1. Certified Copy of  
UK 02 07908  
1. Transmittal letter



RE: 10/510,316

Atty. Doc.  
MAILED 1<sup>st</sup> CLASS  
AYL-1D-PCT  
27 APR. 06

EXHIBIT - B



## RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Regarding Application Number 10/510,316 including:

Certificate of Mailing by Express Mail  
Amendment Transmittal Letter  
Amendment After Final in response to Office Action dated November 27, 2007 and an  
Advisory Action dated January 8, 2008  
Change of Attorney's Address in Application

01/25/2008

PRESS HARD. YOU ARE MAKING 3 COPIES.

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery	Postage	
	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del Day	\$	
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee	
Mo. Day Year	Month Day	\$	
Time Accepted	<input type="checkbox"/> AM <input type="checkbox"/> PM	COD Fee	Insurance Fee
	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$	\$
Military	Total Postage & Fees		
<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	\$		
Flat Rate <input type="checkbox"/> or Weight	Int'l Alpha Country Code	Acceptance Emp. Initials	
lbs. ozs.			

FROM: (PLEASE PRINT) PHONE ( )

GROW D. BRILL  
20 OAKMONT CIRCE  
NEW FREEDOM, PA  
(AYL-10) 17348

FOR PICKUP OR TRACKING

Visit [WWW.usps.com](http://WWW.usps.com)

Call 1-800-222-1811



Mailing Label  
Label 11-B, March 2004

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Mo. Day		Employee Signature
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Mo. Day		Employee Signature
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Mo. Day		Employee Signature

### CUSTOMER USE ONLY

PAYMENT BY ACCOUNT  
Express Mail Corporate Acct. No.

WAIVER OF SIGNATURE (Domestic Mail Only)  
Additional merchandise insurance is void if customer requests waiver of signature.

I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY  
 Weekend  Holiday  Mailed Signature

TO: (PLEASE PRINT) PHONE ( )

COMMISSIONER OF PATENTS  
PO BOX 1450  
ALEXANDRIA, VA

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

2 2 3 1 3 + 1 4 5 0

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.